



**United States Polo Association
OFFICIAL CHANGE OF CLUB DELEGATE FORM**

CLUB NAME: _____

DATE OF REQUEST: _____

REQUIRED SIGNATURES AUTHORIZING CHANGE OF DELEGATE:

Current Delegate
Name: _____ (Please print)
Signature: _____

New Delegate
Name: _____ (Please print)
US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No USPA Member ID #: _____
Signature: _____

Additional Club Representative
Name: _____ (Please print)
Signature: _____
<input type="checkbox"/> President <input type="checkbox"/> Owner <input type="checkbox"/> Chairman <input type="checkbox"/> Manager <input type="checkbox"/> Other _____

FOR USPA USE ONLY		
MEMBER ELIGIBLE AS DELEGATE: Y / N	Initial: _____	Date: _____
APPROVAL FROM USPA EDS: Y / N	Initial: _____	Date: _____
EFFECTIVE DATE OF CHANGE: _____		